PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10430547

		CLAIMS AS	(Column 1)		(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			B				RATE	FEE		RATE	FEE
FOR			NUMBER FILE	D NU	JMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			W minus	20= *			X\$ 9=		OR	X\$18=	·
INDEPENDENT CLAIMS			2 minus 3 =				X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT						i	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	700
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1) CLAIMS\		Column 2 HIGHEST	?) (Column 3)	1 1	SWALL	_	OR I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSE PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 26t	Minus	*	1		X\$ 9=		OR	X\$18=	
	Independent	. 0		** `			X42=		OR	X84=_	
Ш	FIRST PRESE	NIAHON OF M	ULTIPLE.DEPÈN	NDEN / CD	AIM	J	+140=		OR	+280=	
1	w				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT FEE	15U)
(Column 1) (Column 2) (Column 3)										70011.122	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus +		=		X\$ 9=		OR	X\$18=	
	Independent	*		t **	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J	+140=		OR	+280=	
							TOTAL		OR	TOTAL	
							ADDIT. FEE		J O . 1	ADDIT. FEE	
_		(Column 1)		(Column 2 HIGHEST		4.					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA		ŖATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus *	nk .	=		X\$ 9=		OR	X\$18=	
	Independent	*	<u> </u>	h à à	=]	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
A Maria and the color of the co											
* If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
					is the highest numb		und in the ap	propriate bo	x in c	olumn 1.	

FORM PTO-875 (Rev. 12/02)